



**ANDREW M. CUOMO**  
Governor

**ANN MARIE T. SULLIVAN, M.D.**  
Commissioner

**MARTHA SCHAEFER**  
Executive Deputy Commissioner

## **CRISIS SYSTEM DEVELOPMENT RESOURCES**

Medicaid and DSRIP provide the State with new resources to achieve recovery-oriented, person-centered, and culturally competent Crisis Response System. The New York State Office of Mental Health (OMH), together with state agency partners and stakeholders, is implementing the following to support systems transformation.

<b>RESOURCE</b>	<b>DESCRIPTION</b>
<b>Crisis Intervention Service in Medicaid Managed Care</b>	<ul style="list-style-type: none"> <li>• New Medicaid Managed Care benefit for provision of and billing for community-based crisis intervention. Includes mobile assessment, crisis management, crisis de-escalation and/or resolution, and connections to ongoing care. OMH is developing guidance on this benefit.</li> <li>• Available to all children and adults enrolled in Medicaid Managed Care who are experiencing or at imminent risk of experiencing a psychiatric crisis.</li> </ul>
<b>BH HCBS Crisis Respite</b>	<ul style="list-style-type: none"> <li>• Crisis Respite is a time-limited residential program which allows for both emergency room and inpatient diversion. Referrals may come from the emergency room for diversion of Inpatient admissions or step-down from Inpatient units, the community, self-referrals, a treatment team, MCOs, care coordinators, etc.</li> <li>• New Behavioral Health Home and Community Based Services (BH HCBS).               <ul style="list-style-type: none"> <li>○ Two levels: Short-Term and Intensive</li> <li>○ Must be enrolled in a Health and Recovery Plan (HARP). No assessment for BH HCBS or Plan of Care is required.</li> </ul> </li> </ul>



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<p><b>Crisis Stabilization Centers (DSRIP Initiatives)</b></p>	<ul style="list-style-type: none"> <li>• Through DSRIP, a number of PPSs are partnering with community providers to create brick-and-mortar crisis stabilization/diversion centers.</li> <li>• OMH is issuing guidance with potential pathways for licensure and reimbursement.</li> </ul>
<p><b>Ambulatory Services to support diversion</b></p>	<p>Flexibility in ambulatory regulations to improve clinical response and provide greater opportunities for diversion for individuals in crisis. Two Initiatives:</p> <ul style="list-style-type: none"> <li>• Licensed Behavioral Health Practitioner services for children and adults enrolled in Medicaid Managed Care. Allows OMH Licensed Clinic Treatment Programs to provide services off-site in the community. Includes assessment and treatment.</li> <li>• Ability for OMH ambulatory programs to provide Intensive Outpatient Services (IOP):             <ul style="list-style-type: none"> <li>○ OMH is developing guidelines to allow Clinic Treatment Programs to provide and bill for IOP</li> <li>○ OMH is expanding the Partial Hospitalization Program (PHP) regulations to allow for a longer maximum duration treatment episode and to modify requirements for hours per day and days per week of treatment, allowing for a more flexible and recipient-focused program of care.</li> </ul> </li> </ul>
<p><b>Comprehensive Psychiatric Emergency Program (CPEP)</b></p>	<p>Designed to directly provide or ensure the provision of a full range of psychiatric emergency services, seven days a week, for a defined geographic area. Components of service include:</p> <ul style="list-style-type: none"> <li>• Hospital-based crisis intervention services in the emergency room;</li> </ul>



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	<ul style="list-style-type: none"> <li>• Extended observation beds to provide for extended evaluation, assessment, or stabilization of acute psychiatric symptoms for up to 72 hours;</li> <li>• Crisis outreach services in the community, including clinical assessment and crisis intervention treatment; and</li> <li>• Crisis residence services in the community for temporary residential and other necessary support services for up to five consecutive days.</li> </ul>
<b>Initiatives under Development</b>	
<p><b>Proposed Medicaid Services Supporting Children, Youth and Families in Crisis</b></p>	<ul style="list-style-type: none"> <li>• <b>Crisis Intervention:</b> New Medicaid state plan service for all Medicaid enrollees under age 21 and family/caregiver who are experiencing a psychiatric or substance use crisis.</li> <li>• <b>Respite Services:</b> New Home and Community Based Service will expand availability to all qualified children in Medicaid Managed Care.</li> </ul>
<p><b>Certified Community Behavioral Health Clinic (CCBHC)</b></p>	<ul style="list-style-type: none"> <li>• Newly developing SAMHSA-sponsored Integrated Behavioral Health Clinic Model with an FQHC-like Prospective Payment System. Requires Integrated Licensure by OMH and OASAS.</li> <li>• Required to provide a range of services, including Treatment, Rehabilitation and Recovery, Peer and Crisis Services. All CCBHC providers must provide or contract for 24/7 crisis services with 3-hr max response time</li> </ul>
<p><b>Inpatient Bed Availability System</b></p>	<p>OMH is migrating its current system to the Health Commerce System, which will provide for more real time reporting and trending for determining bed availability and analysis of emerging shifts in access needs</p>



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<p><b>Plan- and Provider-initiated Cost Effective Alternative Services</b></p>	<p>MMC plans may pay for cost-effective alternative services, such as crisis respite, if there is a clear justification that services are clinically useful and cost-effective. State requirements are under development.</p>
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